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CONTENTS.

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Clinical Reports.

CLINICAL CASES.

FROM THE NOTE BOOK OF N. S. DAVIS, M. D., PROF. PRACTICAL AND CLINICAL MEDICINE IN CHICAGO MEDICAL COLLEGE.

CASE I. *A Sponge Tent in the Uterus Six Weeks.*—Mrs. C—— called at my office for advice in August, 1872. She complained of a constant dull pain in her back and hips, extending often to her thighs, and a constant bloody serous discharge from the vagina, offensive to the smell, and slight general fever. She stated that little more than six weeks previously, a physician who was treating her for some uterine disease, introduced a sponge tent into the mouth and cervix of the womb, and on his attempting to remove it, the string came off and left the sponge behind. And all his efforts to remove it since had failed. On making a simple digital examination per vaginam, I could not satisfy myself that there was anything occupying the mouth of the uterus. The os and whole neck, as far as the finger could reach, were swollen and tender to the touch.

The patient was directed a vaginal wash of sulphate zinc and morphine, dissolved in water, to be used twice per day, and a laxative pill to move the bowels. She returned on the morning of the second day, with all the more important symptoms unchanged. She still insisted that the sponge tent was in the womb, and that the pain in her pelvis and thighs was very severe.

Placing her in a proper position, and introducing the speculum, with a good light the os and neck were brought into full view. The parts were considerably swollen and very red, but not ulcerated. A bloody, serous fluid was oozing from the mouth of the womb so freely as to require to be wiped away with a sponge, and it was very offensive. A probe passed into the os appeared to meet with some obstruction about half an inch from the outer entrance. I then took a pair of medium sized forceps, used for extracting nasal polypi, and carefully crowding the closed blades into the uterine canal and then slightly opening the blades and moving it a little further on endeavored to grasp whatever might be the obstructing body. Finding that something had been actually seized, gentle traction was made, but the instrument soon appeared to slip from its hold and was withdrawn. On examining the blades, however, I found they had brought away a small bit of sponge, a mere shred, but it was sufficient to show that the tent was actually there, as the patient had represented. I re-introduced the forceps, crowding the blades well up to the cavity of the uterus, then opening them with a forward movement, succeeded in grasping the sponge with a firm hold, and by steady, moderate traction, the descent of the uterus being prevented by the blades of the speculum, a sponge tent an inch and a quarter long and nearly half an inch in diameter was brought away. To correct the fœtor of the discharge, as well as to lessen the irritation locally, she was directed to use the following wash with the syringe three times a day.

℞ Carbolic acid crystals, 30 grs.
Glycerine, ℥ ii.
Water, ℥ vi.
Mix.

She was also directed to take one teaspoonful of the following mixture before each meal and at bed-time:

℞ Bromide ammon., ʒ iv.
Tr. strammonii, ℥ ss.
Syrup wild cherry, ℥ ii.
Water, ℥ iss.
Mix.

From this time she continued to improve, and in two weeks appeared quite well. The case should teach caution in attaching the ligature to uterine tents.

CASE II. Mrs. S——, aged about 40 years, mother of six or seven children; generally healthy, had a miscarriage in April, 1872, at about the sixth or eighth week of pregnancy. She was in a distant State at the time, and only came under my care recently. She gave the following facts: At the time of the miscarriage the escaped fœtus was observed and fully identified, but I could get from her no satisfactory evidence that the escape of the

after-birth had been identified, although her attending physician gave her quite positive assurances that it had. She lost only a moderate amount of blood at the time, and began to get up and look after her household affairs in a few days. She found, however, that there remained an almost constant moderate hemorrhage, with dull, heavy pains in her back, a sense of soreness through the pelvis, and general weakness. These symptoms were pretty uniformly aggravated by walking or any exertion on her feet. In a few weeks the discharge became more dark, and emitted an offensive odor, and often contained little shreds or clots. Of course her strength steadily failed; she had almost constant soreness in the vagina and neck of the bladder, with desire to urinate frequently, in addition to the heavy dragging pain in the back and hips, and soreness across the hypogastric region. She had also a moderate chronic diarrhœa. She was seen often by her family physician who treated her with tonics, astringent vaginal washes, and rest, but made no vaginal examination. When she kept in the recumbent position, the flowing would cease for a day, but was renewed as soon as she made the least exertion, and in spite of her constant use of astringent and deodorizing washes it continued very offensive. In this condition she passed the months of May, June, and July, sitting up a part of almost every day, and sometimes riding out, but gaining no strength, and no exemption from suffering.

About the middle of August a physician made an examination per vaginam, and finding some tough, fleshy substance protruding from the mouth of the uterus, he suspected it to be a polypus, and so informing the lady, she determined to come to Chicago for treatment. Before her arrival here, however, the supposed polypus came away spontaneously, and was described as an irregular, fleshy, and exceedingly offensive mass, in bulk equal to a hen's egg. Considerable hemorrhage had accompanied the escape of the foreign body, and on her arrival a serous bloody discharge still continued, but only moderate in amount. On examination the os-uteri was found large, patulous, tender to the touch, with constant oozing of a dark bloody fluid; and some enlargement and tenderness of the whole cervix and lower part of the body of the uterus. She was kept quiet in the recumbent posture for one week, the vagina washed out night and morning, with the following wash:

℞	Sulph. zinc	ʒ ii.
	Sulph. morph.	15 grs.

Mix, divide into 12 powders. One to be dissolved in half a teacupful of water when used.

A solution of persulphate of iron was applied to the os and neck with a sponge, twice at intervals of three days. As the patient had a moderate chronic diarrhœa, with pain in the region of the sigmoid flexure of the colon, she was directed to take one teaspoonful of the following emulsion before each meal and at bed-time:

℞	Ol. terebinth,	ʒ iii.
	Ol. wintergreen,	30 gtts.
	Tinct. opii,	ʒ iv.
	Pulv. G. arabic and sugar, aa	ʒ vi.
	Rub together and add water,	℥ iv.

Mix.

It was thought the turpentine in the prescription would also act favorably in allaying the irritation in the cavity of the uterus. Under this treatment she improved steadily. At the end of one week she began to sit up a part of each day, and in two weeks to ride out. An examination at that time found the cervix and os reduced nearly to the natural size, with only a slight leucorrhœal discharge, and no pain except what was connected with the bowels. She soon after returned to her home.

Several thoughts are suggested by this case. First, the great importance of having all clots or other solid masses passed during a supposed abortion saved until they are carefully examined by the family physician, that he may know with certainty whether the uterus has fully discharged its contents or not. Second, the necessity of a prompt and careful examination of the condition and relations of the uterus in all cases of supposed miscarriages or unusual hemorrhage. A neglect of this has caused mistakes so numerous and

important that it should be no longer tolerated. Third, the unusual and interesting fact that the placenta and membranes of a pregnancy of two months were retained after the escape of the fœtus, between four and five months without inducing either pyemia, acute metritis, or fatal hemorrhage.

Case III. *Effects of Alcohol and Opii.*—Mrs. B——, a married lady, who had long been addicted to the excessive use both of alcoholic drinks and opiates, was admitted into the Mercy Hospital early in July, 1872. We learned from her friends that for nearly two months previous to her admission, she had been confined to her room, and mostly to her bed, and almost constantly in a state of mental derangement. She presented a pale, anemic aspect, though fleshy; her skin was cool, pulse small, weak, and quick; respiration natural; the cheeks were of a livid or purplish hue, as if the blood was not perfectly decarbonized; mouth and tongue moist, but the latter coated in the middle and reddish along the edges; the stomach irritable, often rejecting food and drinks; the bowels slightly loose, and urine scanty. Although her attending physician had been several weeks endeavoring to get her gradually off from the use of both alcohol and opium, still she was taking several drinks of the one and several grains of the other daily. Whenever these agents were withheld long enough for their stupefying effects to cease, she became exceedingly restless, moaning, and uttering the most pitiable cries for relief from pains in the lower extremities, and the most horrible mental depression, hallucinations, and sleeplessness. These symptoms would increase until the jactitation, mental anguish and hallucinations, with the feeble pulse and frequent efforts at vomiting, would make the husband and friends think her life in immediate danger, and then they would again give the accustomed anæsthetic or opiate until she became quiet, and she would remain stupid from ten to eighteen hours. The impulse of the heart was feeble, and its systaltic action short and weak, so much so, that we had some fears that fatty degeneration had already commenced in the muscular structure of that organ. As she had already spent two months of utter wretchedness under medical treatment, founded on the policy of trying to withdraw her accustomed poisons gradually, and having no faith in that process, we told the husband and friends plainly and positively that she must not have one drop of any kind of alcoholic drink, or a particle of any preparation of opium, except as we might prescribe, and that her chances of recovery would be greatly increased if they would stay entirely out of her sight and hearing. Having consented to leave her entirely in our hands, they left her only a faithful colored woman as a constant attendant and nurse. We first directed her to have twenty grains of the bromide of potassium every two or three hours, and twenty grains of the hydrate of chloral at bed-time, with beef tea or milk in tablespoonful doses every hour, except when she might be asleep. The house physician was also instructed, in case she became excessively delirious in the first part of the night, to give a hypodermic injection of morphine—one-eighth of a grain—for the first two or three nights.

As was anticipated, the bromide and chloral failed to quiet her in the doses prescribed, and at night the hypodermic injection was given. Under the influence of this she slept heavily all the next morning.

After following the above method of treatment three days without any improvement, the moment she was out from the influence of the morphine or excessive doses of chloral being partially delirious, annoyed by all kinds of visions, noises, and constant restlessness, with the most piteous complaint of pain in the abdomen and lower extremities, we determined to abandon these articles, and as the mucous membrane of both the stomach and rectum was irritable, causing vomiting and frequent inclination to go to stool, she was directed the following mixture:

℞	Carbolic acid crystals,	8 grs.
	Glycerine	℥ ss.
	Tinct. belladonna,	♏ ss.
	Tinct. digitalis,	♏ i.
	Camph. tinct. opii,	♏ ii.
	Water,	℥ i.

Mix. Take one teaspoonful every two hours, until the vomiting and tenesmus ceased, and then lengthen the interval to three hours. In addition she was to have twenty grains of the bromide of potassium at bedtime each night. The same nourishment was continued.

Under this treatment the patient's stomach and bowels steadily improved, but the extreme nervous symptoms were only moderately improved for the first three or four days. Her complaints of distress in the legs and abdomen; her mental wandering and begging for relief and sleep, with the cool extremities and feeble pulse, were well calculated to alarm the friends, and make even the inexperienced physician fear a fatal result, and yield to the entreaty for a *little* of the accustomed stimulants. But having been shown by abundant experience that such yielding only served to protract the condition of the patient indefinitely, while there was no real danger to life, we answered all her entreaties by the positive assurance that she would soon be better, and that under no circumstances could she have a drop of alcoholic drink, or a grain of opium. The moral effect of such assurances in regard to recovery on the one hand, and the utter hopelessness of returning to her former habit, on the other, contributed much towards her final recovery.

We have always found that the sooner such patients could be made to believe not only that they *could live* without those fascinating agents, but also that they positively could not get them on any pretext whatever, the sooner they became tranquil, and the more rapid would be their recovery. The object in giving the digitalis was to impart more steadiness and force to the action of the heart, while the carbolic acid and camphorated tincture of opium should overcome the irritability of the stomach and bowels. After the first three or four days she began steadily to improve; and at the end of four weeks was up, neatly dressed, entirely free from suffering, a fair appetite, and free from delusions, except sometimes the hearing of voices when she slept at night. This, too, will disappear as the brain and nervous structures become more completely renewed by healthy nutrition. To prevent such patients from relapsing into old habits, however, it is of great importance to keep them under observation, with careful attention to the digestive and assimilative functions, for two or three months. They must be aided, mentally and physically, until the morbid impress of the alcohol and opium upon the nerve structures has had time to be eradicated by metamorphosis and renewal of structure.

Flies as Transporters of Disease.—A curious and perhaps important discovery has been made recently by M. Kletzinsky, a Viennese professor. Noticing that persons sick with the small-pox were often visited by flies, he placed near an open window of the hospital a saucer filled with glycerine. Soon the flies gathered and were caught like birds with glue. In their endeavors to free themselves the foreign matter which had adhered to them was left in the glycerine, which was at once submitted to the action of a microscope. It was found that this substance, which was chemically pure when offered to the flies, was full of strange cells very like those seen in the vesicles of small-pox, but never on flies. This discovery shows that these insects are not only filthy, but can be very dangerous means of spreading contagious diseases.—*Bost. Med. and Surg. Jour., June* 28, 1872.

Surgical Treatment of Anasarca.—In a severe case of anasarca, Dr. Wolff (*Berlin Klin. Wochenschr.*, No. 141, 1872) introduced into the skin a number of fine canulæ, such as are used for subcutaneous injections, and left them there. Through twenty-five canulæ thus used, twenty quarts of fluid were discharged in three days. The fluid was carried away in elastic tubes into a vessel near the bed. No inflammation of the punctures, nor any other unpleasant results, followed the operation.—*Ibid.*

A Triumph for Lady-Doctors.—The *Medical Times and Gazette*, of May 11th, says: "Our advertising columns to-day contain a novel announcement. The Birmingham and Midland Hospital for Women wants a resident medical officer possessing a medical degree or diploma granted after due examination. Lady-doctors are admissible as candidates. This is the first appointment of the kind which has been opened to ladies in this country."

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MEDICAL EXAMINER.
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EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

CHICAGO MEDICAL COLLEGE.—The commencement of the next regular annual course of instruction in this college, will be on Tuesday evening, October 1st, 1872. The Introductory Lecture will be given by Prof. D. T. Nelson. We wish our readers to be particular to note the day, because, formerly, the first Monday in October has been the time for commencing the term, and from an oversight it had been allowed to remain so stated in the standing advertisement of the college, in our advertising columns.

CUNDURANGO AND CANCER.—It will be remembered that among the recommendations of this remedy, heralded over the country on its first introduction to the notice of the profession and the community, was a certificate of its having cured the mother of Vice-President Colfax. The genuineness of the cure can be inferred from the following recent telegraphic announcement:

"SOUTH BEND, Ind., Aug. 11.

"Mrs. Matthews, mother of Vice-President Colfax, died this afternoon of cancer."

DR. PARVIN.—We notice that Prof. Theophilus Parvin has resigned his position in the University of Louisville. Dr. Parvin is one of our ablest and most reliable medical teachers.

OINTMENT FOR PILES.—M. F. Guym, of the Necker Hospital, Paris, prescribes in painful hæmorrhoids an ointment compound of one part of extract of belladonna, two of extract of rhatamy, and fifteen of lard.—*The Doctor.*

BRITISH MEDICAL ASSOCIATION.

We quote the following regarding the proceedings of the annual meeting of the British Medical Association, held at Birmingham last month, from *The Doctor*, Sept. 1st, 1872:

The President, Mr. Alfred Baker, Senior Surgeon to the Birmingham General Hospital, delivered an eloquent and interesting address, welcoming the visitors to Birmingham.

The address on surgery was delivered by Mr. Oliver Pemberton, Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham. The first part of it he devoted to some points connected with the treatment of aneurism. He said:

Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred surgeons from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied; but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand; that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance.

. . . . . .

Apart from this question of coagulation, I feel warranted in expressing my conviction that too much stress has been laid on the disturbing influence of a large branch or branches taking origin close to the part of the vessel tied. If, however, we are to believe the teaching of Professor Lister ("Observations on Ligature of Arteries." Edinburgh: 1869), it will be of little moment in future whether a plug form on either the proximal or distal side of the ligature at all, so long as the "prepared catgut" insures permanent closure of the vessel at the spot tied, without severance of the coats, and, consequently, without liability to secondary hemorrhage.

I am glad, before such a meeting, to be able to express my unbounded admiration of,

and confidence in, the use of the animal ligature, as placed before us by Professor Lister. If the so-called "antiseptic system" has effected no more for surgery than to give us the means of effectually closing an artery without cutting it through, and without suppuration, it has in this placed the crowning glory on the treatment of aneurism, for which it has waited since the time of Hunter.

I shall now endeavor to show that the principles of treatment in the methods of flexion, compression of the sac, and manipulation, are one and the same.

The method of flexion can only be applicable to certain arteries. All that it is needful to do is to keep the limb flexed, not continuously, but to such an extent as to alter the relations between the orifices of ingress and egress, and the fibrinous laminæ of the sac. Some of these laminæ become, as it were, dislocated, and protrude more or less into the stream when a fresh deposit of fibrin occurs, and so the cure is gradually effected.

The exercise of pressure on the artery above the angle of the flexion appears to me useless. What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be present something in the nature of a foreign body—for example, the fibrous laminæ, on which blood would coagulate and deposit its fibrin. This retardation of the blood in the sac can be effected by a gentle compression of the artery on the distal side of the aneurism, as I strongly hold that what we want in these cases is a deposition of fibrin rather than a coagulation of blood. For, surely, the slow deposition, layer after layer, of solid fibrin in the sac until the filling-in is complete, is a surer guarantee against subsequent mishaps than if it were closed by a mass of suddenly coagulated blood.

I entertain the opinion that the compression of the sac ought to be used more frequently than it is now. The principle of this proceeding is exactly the same as flexion; we want simply to alter the relations of the laminated fibrin to the cavity of the aneurism, so as to bring about a further deposition of fibrin on the projecting surfaces of any of the displaced laminæ. The pressure need not be continuous. It should be very gentle. It need not, even, be distributed uniformly. But it must ever be borne in mind that if it be carried to such an extent as to empty the sac, and to press one wall against the other, then a cure cannot occur. The very conditions under which a cure is possible are here ignored. Blood must pass through the sac. It must not pass through too rapidly; and I now think that this would be facilitated by gentle pressure being made on the artery below the aneurism.

Reduce the force and volume of the blood current by any carefully considered measures, and we follow out the reasoning of Brasdor and Wardrop, in the distal ligature; a reasoning which is rendering amenable to the treatment of internal aneurisms hitherto beyond surgery; a reasoning that has the authority of nature's own proceedings to recommend it, from the fact that it is more or less identical with the mode in which the so-called spontaneous cures are brought about.

I cannot but regard the treatment by manipulation to be based on exactly similar principles to those on which the methods I have just alluded to are founded. No forcible pressure to detach fibrinous laminæ, in my judgment, ought to be used; as the result would be the almost certain separation of small portions of the clots, which would be carried into circulation, and would eventually plug the smaller vessels, causing symptoms according to the functions of the parts which the plugged vessels supply. For I must own I have not been able to see how these clots could be located at either outlet, to be fixed by arrangement, as it were, at a spot where it is simply impossible to be assured that they could effect a lodgment. All that is necessary is that the aneurism should be gently manipulated, so that the laminæ of fibrin in its interior should occupy a different position to that which they had previously held with reference to the two orifices of the sac; and in order that the blood should not be allowed to pass out of the sac too freely, if I have an opportunity, I shall endeavor to compress the distal artery in accordance with the principles I have been advocating.

I have now to call your attention to what I believe to be a not uncommon result of the cure of aneurism, after it has been effected for some time; I mean the formation of varicose aneurism, or aneurismal varix. I shall first relate two cases. In 1844, my late colleague, Mr. Amphett, tied the superficial femoral for an aneurism of the artery as it enters Hunter's canal. The patient was 41, and a soldier. There was nothing unusual at the operation, and the ligature was thrown off on the nineteenth day. Ten days subsequently, there was arterial hemorrhage from the seat of the ligature. This recurred in ten days, and a third time in fourteen. Pressure on the arch was used, and the patient recovered. He remained well for upwards of three years, when a tumor formed at the seat of operation, which was evidently an arteriovenous aneurism. With this coming under the care of my colleague, Mr. Baker (our

President), he died with a drunken pleurisy, just five years from the date of the operation. I was fortunate in being able to dissect his vessels. The femoral artery had formed an aneurism at the seat of the operation as large as a hen's egg, and the femoral vein communicated with the artery by a large opening. The former aneurism was cured, and the artery between it and the seat of the ligature was impervious.

LITHOTOMY.

Mr. Pemberton next considered the subject of Lithotomy. Advocating the median operation, he said:

I shall be prepared for it to be said of my advocacy of median lithotomy, "The statistics of your own cases are against you." My answer is, "Statistics are not everything." A case may end just as well one way as another, though the troubles on the journey differ widely, and no one will question that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which of the two he prefers; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instances where the finger is not likely to reach the bladder, so that instrumental dilation would be required, the lateral operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and I consider that the use of instrumental dilation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilator must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy.

I hope, however, my observations will not be misunderstood. I am second to none in admiring what Cheselden practiced, and what Liston and Furgusson have brought to perfection—the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realized brilliant successes in this very operation; but, in my opinion, it is not the most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

STRICTURE OF THE URETHRA.

Mr. P. then proceeded to speak about stricture of the urethra: It is to me remarkable, but it is true, that the views entertained by the highest surgical authorities of the day differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syme (*Stricture of the Urethra*, p. 21, 1855) thought he had effectually put an end to the use of those "dreadful engines," as he termed M. Reybard's instruments; but he was mistaken, for strictures of this day are both cut, split, and torn; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal; and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible. But the real question is in reference to this word cure. Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings?

For the first there is a cure by simple dilatation. For the second there properly is no cure. Once organic stricture, always organic stricture, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowing are ever absorbed.

If you endeavor to restore the normal caliber of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigor, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure, and never does effect a cure.

But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion; for I have ever before my mind the conviction that the very means made use of to effect the so-called cure, may become the certain cause of the continuance, and, in many cases, of the increase of the malady.

I think it will be admitted that the tendency to narrowing in cases of stricture differs very markedly in individuals. Some may show few signs of change during many years, others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases, treatment by dilatation is necessary; but I doubt myself whether it is needful always to endeavor to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase subsequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient, more or less during life.

For my own part, time being given, I do not believe that there is any stricture through which an instrument cannot be passed by a skillful surgeon. This being so, treatment by gradual dilatation follows; and, in my judgment, this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet given to us, *bougie a baule* and *bougie alivaire* notwithstanding. If the induration be cartilaginous non-dilatable, or if there be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entertaining this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favor any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as in the other. I regard those methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes; and I further believe that a shut-up wound on the internal face of the lining of the urethra, is attended by dangers, from which an open wound on the outside face is comparatively free (*a*). I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there a relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months being about the average; and by this means the caliber of the urethra was without difficulty maintained at its original standard. All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less during life. For there is no more a cure by this than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perinæum, letting through a little urine, the general stream flowing by the urethra, which at the end of twelve years shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus; and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

There are numbers of these inveterate cases wholly unsuited to external division; but they are eminently calculated to be dealt with by a method which deviates the course of the urine to another channel, in order that rest may heal the fistula, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulæ in the groin, buttock, and perinæum, where a man passes his urine, as it has been graphically described, like a watering pot.

Surely, relief by the rectum will stand

(*a*) I will, with Sir H. Thompson, admit its use in narrowings at the external meatus.—*Pathology and Treatment of Stricture, third edition.*

comparison with all the maneuvers that have been suggested from the days of Hunter to Grainger, and from Grainger, who, by the by, belonged to us here, to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain—sometimes for hours together—the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of urine—can be reached and diverted in a moment. Since Mr. Cook published his views (*Medico-Chirurgical Transactions*, Vol. XXXV., p. 153), now just twenty years ago, I have had many opportunities of seeing the results of this proceeding.

I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long-standing organic stricture. I have seen him almost within a day or two afterwards as if nothing had occurred. Further no. fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks, and have not found inconvenience from its presence; indeed, it appears to me that one of the greatest arguments in favor of its adoption exists in the fact of the position of the canula, which, whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied in his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perinæum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which are not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any given case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perinæum suggest a ready path to the bladder, by all means let a female catheter effect, through the perinæum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perinæal tube, through

which he now (aged 27) passes his urine without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.

Dr. Evory Kennedy, late Master of the Dublin Lying-in Hospital, delivered the Address at the Opening of the Section on Midwifery, in which he related the following cases:—

Case II. *Excision of part of neck of Uterus.*—Dr. Kitson, of ——, brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated, the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one-third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated; the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on; first, because of the limited extent of the part engaged; secondly, because of the apparent malignancy; thirdly, from the difficulty of destroying by the potassa the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view; the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine, and Dr. Kitson. An ebony spatula, nine inches long, and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive has a handle seven inches long, while the blade is scimitar-shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two divaricating incisions Λ, a triangular section was removed. I was prepared to draw the uterus down with the double tenaculum; but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the assistance and security of the spatula to cut upon. It has occurred to me that, in a case where excision is preferred, and where the facilities I describe do not exist, the spatulum might be armed on the reverse side with two hooks, when it would perform the double office of uterine tractor and spatula, as necessary. The vagina was simply plugged with Ruspini's styptic. There was scarcely any hemorrhage. The patient recovered speedily and perfectly, and in about two years afterwards conceived and carried a living child to the full period. Her labor was easy and natural; and I had an opportunity of examining her at an interval of several years afterwards, when she was quite well, and the uterus, with the exception of the loss of a portion of the neck, was perfectly sound.

Case III. *Portion of Placenta thrown off in Pregnancy.*—A lady, in the seventh month of her fifth pregnancy, was seized with hemorrhage, ascribed to over-exertion. There were no labor pains. On examination, a portion of the placenta was found protruding through the os uteri. The hemorrhage continued for several days, but not to serious extent, and still there was no labor. At length, fœtid grumous discharges, mixed with a little blood, occurred, attended with sense of downward pressure. The portion of placenta descended lower in the vagina; its connection with the interior of the os separated; and I removed it with very little assistance. As no increase of hemorrhage occurred from this, I thought it unnecessary to plug the vagina. The hemorrhage and discharge ceased, and the patient went on without any inconvenience, except the precaution of keeping the horizontal position for six weeks longer, when she was delivered of a living boy apparently at or near the full time. The edge of the placenta that remained could not be felt near the os, and the portion that came away consisted of the vascular structure without the reflected membranes. There was no discharge of liquor amnii until the labor set in.

I have already had the honor of calling your attention to some of the more rapidly destructive of puerperal diseases in a paper read for me, in my absence, by your secretary, at your Dublin meeting, under the head of purpuric puerperal fever. It is now my intention to allude briefly to other forms of blood-poisoning, but more especially to puer-

peral arthritis and puerperal gangrene, premising that, when this disease shows itself, it is usually most rapid and unsparing in its onslaught, and no tissue in the body escapes its ravages.

CASE V. *Puerperal Arthritis—Erosion of Cartilages of Elbow, Hip, and Ankle Joints.*—Kenny, three weeks delivered after a difficult and protracted labor, was awakened from sleep in the night by an acute pain in the left groin. In the morning, she observed a swelling in the middle of the thigh, which at the end of two days had completely engaged the entire limb. The pain became less acute as the swelling increased, but never entirely subsided. Some days subsequently to the swelling of the thigh, she was seized with violent pain in the elbow, but did not perceive any swelling. All these symptoms progressively increased, notwithstanding frequent leeching, stuping, poulticing, opiates, and mercury. She was admitted into the hospital on January 28th, 1829; and, on the 30th, there was an obscure sense of fluctuation over the outer third of the thigh. An incision was made into it, but no pus followed. On February 3d, she had a severe rigor; and on the 4th, she died comatose. A *post mortem* examination was made twelve hours afterwards.

The cellular tissue throughout the entire thigh was filled with gelatinous lymph. An extensive abscess extended from nearly one extremity of the thigh to the other, between the periosteum and muscles. The muscles were pale and flabby, and appeared much softer than natural. About one inch of the upper part of the femoral vein contained pus; its inner tissue was vascular, but did not appear to have lymph upon its surface. The synovial membranes of the hip, knee, and ankle-joints, were filled with puriform matter. The cartilage covering the bones of the hip, appeared healthy; whilst that covering those of the knee and ankle was in part removed by absorption, particularly in the ankle, where scarcely a trace of cartilage could be detected. The uterus was vascular, and inclined towards the left side. The lymphatic glands along the iliac vein were enlarged and vascular. The cartilage was removed altogether from the extremities of the bones forming the right elbow-joint. The viscera appeared healthy.

TAPPED 886 TIMES.—Cann reported to the Academy of Medicine, Paris, 1842, the case of a female with ascites fifteen years, who was tapped 886 times, and was cured. All as yet reported cases must yield to this.—*Clinic.*

Gleanings from Our Exchanges.

TRAUMATIC TETANUS SUCCESSFULLY TREATED BY THE BROMIDE OF POTASSIUM.

BY CEPHAS L. BARD, M. D.

F. S., *æt.* fifteen, daughter of a farmer, during the latter part of April, 1872, stepped upon a bone, the vertebra of a hog, and although the wound produced was deep and bled profusely, yet it healed rapidly, and caused but little inconvenience. Five or six days subsequently she complained of pain in her temples, of stiffness of her jaws, and of difficulty in opening her mouth, which symptoms were attributed by her parents to a bad cold, and treated accordingly. Becoming worse, a neighboring physician, Dr. C. W. Thacker, was summoned, and three days later I was called in consultation. I found all the pathognomonic symptoms of traumatic tetanus present; a rigid, contracted condition of the body, which was bathed with a profuse sour perspiration; opisthotonos; spasms at short intervals; aged expression of countenance, with the *risus sardonicus* well marked; temperature of body, 1050; terrible pain in the epigastrium, due to spasm of diaphragm, which, by former writers, was regarded, when present, as the death warrant to the patient; pulse normal, and mind clear. Retention of urine and constipation of the bowels were also among the symptoms present. There was no pain whatever at the site of the wound, which, to all appearances, had kindly healed, the cicatrix and its surroundings being perfectly firm, and but slightly indurated. Prior to my arrival nothing but morphia had been given, but the symptoms became more appalling, and the intervals between the exacerbations were much shorter. Having laid open the wound, situated in the inner plantar region of the foot, I discovered and removed a small spicula of bone, the tip of the spinous process of the vertebra upon which she had stepped, and which was firmly imbedded among the muscles of her foot. The use of stimulants and nourishing articles of diet were ordered; the warm bath; poultices to the wound; and the bromide of potassium, commencing with thirty grains, given every hour till four doses had been taken, when both the quantity and frequency of administration were lessened. A decided amelioration of the patient's condition almost immediately occurred. The spasms became less powerful and less frequent; the opisthotonos and rigidity of the muscles disappeared; the

temperature of the body resumed its normal standard, and she slowly but gradually recovered, though the trismus, which was the last symptom to vanish, existed for three weeks later. During this time she continued to use the bromide, the whole quantity taken amounting to three ounces. No bad effects whatever from its protracted use were noticed, and she is now in the enjoyment of the best of health, enhanced, no doubt, by the recollections of the severe ordeal through which she has passed.

During the last few years this salt has been successfully employed by different members of the profession in several cases of tetanus, and its use in my hands only corroborates the testimony of others.

The pathology of tetanus is obscure; some investigators observing no lesions whatever; others have noticed a congested condition of the membrane enveloping the spinal cord, of the neurilemma of the nerves at their origin and at the site of the wound, when the affection is traumatic. Lockhart, Clarke, and Dickinson, who perhaps have pursued their investigations more closely than others, discovered softening and disintegration of the grey matter of the cord, accompanied by extravasations of blood, caused, no doubt, by an abnormal condition of the blood vessels. They concluded that the tetanic spasms are not solely due to these lesions, which exist also in some other disorders of the nerve centers, but to an abnormal, excitable state of the grey matter, induced by the hyperæmic condition of its blood vessels, and also by the constant irritation of the peripheral nerves. Accepting this theory, no agent could be more suitable, in my opinion, than the bromide of potassium, a vascular and nervous sedative, and whose use is chiefly predicated upon its power of diminishing hyperæmia. It is not claimed that it is a specific, but that it deserves to be ranked as one of our most potent agents in the treatment of such a formidable malady, and deserving of the confidence of the profession.— *Western Lancet.*

Rupture of the Bladder.—Dr. Erskine Mason, reports (*N. Y. Med. Journal*, Aug.'72,) a case of rupture of the bladder through the posterior wall, which he treated successfully by laying open the bladder through the perinæum, as in the lateral operation for stone.

To American surgery, says Dr. Mason, belongs the honor of having given to the profession this mode of treatment; and to Dr. William J. Walker, of Boston, belongs the credit of having first put in practice, and I believe that of originating, this plan of treatment.—*Ibid.*

Case of Complete Prolapsus of the Gravid Uterus.—By Dr. M. H. Biggs, Santa Barbara.—There being so few reported cases of complete prolapsus of the gravid uterus, I thought a short description of the following might be found interesting:

Was hurriedly called upon by an old woman one night about 10 P. M., who said her daughter (aged about 20) was suddenly taken sick and seemed to be dying. Without further explanation I hurried to the patient's bedside and found her almost in a state of collapse; cold perspiration all over; pulse small, quick and scarcely perceptible. Administered brandy at once, and after two or three good doses she recovered sufficiently to whisper that "something had dropped out" and "was hanging between her legs." Upon introducing my hand under the bed clothes, it came in contact with a round, hard, pendulous tumor, extending to within about four inches of her knees. It was about six inches in diameter, and was in fact the prolapsed womb hanging by the relaxed and everted vagina, which could be distinctly clasped between the labia externa and fundus uteri; but why so large?

The patient was not in a condition to answer any more questions, and the old lady had left us alone, probably suspecting more of the cause of the trouble than she wished to communicate. Of course the first thing was to replace the organ, and this was accomplished by using steady pressure applied by the hands, smeared with oil, during about an hour, after which time, to my infinite satisfaction, it popped into its place with an almost audible "flop." Then there was a most acceptable period of repose, during which, after I had made her swallow some broth and more brandy, I insisted upon her communicating to me some of the antecedents of the case, she told me that her courses had stopped—she had missed four periods—and that within the last month she had enlarged so much that her mother had noticed the alteration in her form and charged her with being pregnant, which she of course denied. Mother continued to threaten in case she were so, etc., etc. This made her desperate and she conceived the idea of starving herself, thinking in this way to kill the child and thus produce abortion. She had in fact refrained from all food for the last three days, allaying the cravings of hunger by incessantly smoking cigarettes, and feeling her strength to fail on the afternoon of the third day, had made a last attempt to gain her end by lying on her back on the floor and pulling over on to her belly a "metate," which is a slat of stone used by the native Californians for the

purpose of grinding corn, and weighs about thirty to forty pounds. This "metate" she kept in motion, with the little strength she had left, by pushing it up with her hands and at the same time contracting the abdominal muscles, then suddenly relaxing these and pressing down the slat with her hands, and in this way, aided by the momentum imparted to the weight, kept up a kind of pounding movement until she "felt something gradually go down" and "press out." Thinking then that she had "started things in the right direction," she got up and managed to keep about as well as possible until night, when "the something" fell out, but to her horror, instead of separating as she expected, remained hanging down between her legs. She went to bed without taking time to undress, covered herself up and had remained there about two hours in the condition I had found her. While giving her broken account of these sad troubles, slight labor pains came on, and in spite of all that could be done to prevent it, she was delivered a little before daylight of a four or five months fœtus, thus ending a most anxious night.

The patient made a good recovery, and in ten days was attending to her usual avocations; has since been married and had healthy children.

There is no point of special interest in this case except the effect that starvation, aided by the free use of tobacco, may be considered to have had in so completely relaxing the muscular system, as to allow a gravid uterus of such size to be so completely dislocated. For the violence that was used, of itself, would scarcely have sufficed.— *West. Lancet.*

Death-Rate in the United States and Europe.—It is a curious fact, one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.—*Med. and Surg. Reporter.*

Progressive Pernicious Anæmia.—Prof. Bimer contributes an article on this affection to the *Medizinische Central Zeitung*, and characterizes it as invariably fatal. Within five years he has seen fifteen cases. The patients have a hydræmic appearance, but are not emaciated, the appetite fails, anæmic sounds are distinguishable in the arteries, capillary hemorrhages take place, especially in the retina, disturbance of vision often takes place, fever is present, and the debility is progressive. Fatty degeneration of the heart and other muscles is present after death.— *Med. Record.*

American Text Books and American Teachers.—American text-books on medicine are the best text-books in the world. Why? Because the materials are selected from the widest range of supply, without prejudice or nationality, pro or con. Whilst the rival nations of the old world are each partial to their own and more or less mistrustful of everything foreign, American writers and teachers have no such prejudice against foreign literature, but rather take pride in appropriating all that they can find in the literature of Great Britain, France, Germany, Italy, and elsewhere. For this reason our text-books are more universal than those of other nations, and an American medical education more cosmopolitan and less national. Our writers and teachers look upwards to the old world and acknowledge its authority. They have not yet built up or discovered a literature of their own. What if we are far removed from the ancient, the greatest and the richest fountains of science? Do not the streams all flow hitherward, and bring tribute from all the world? And does not the river increase by the increase of confluents as you recede from the sources? It follows that the literature, the science and the practice of medicine in America take a wider range, with greater freedom from prejudice and authority, than in the old world. The inventive genius of the Yankee is not confined to washing machines, reapers and steam engines. It pervades every calling, and imparts activity, originality and progress to the practice of medicine.—*Med. and Surg. Reporter.*

Penetrating Wounds of the Knee-Joint.—A French surgeon, Dr. Champerons, according to *Le Mouvement Medical*, has written an elaborate memoir containing his observations on twenty cases of penetrating wounds of the knee-joint by small projectiles, treated during the late European war. His conclusions are that such injuries may be cured and sometimes heal with astonishing facility; that in all cases, and especially when they are extensive, involving periosteum that explorations and drainage tubes must be employed with great caution. Twelve years ago, the late Professor Cooper, of San Francisco, advanced views somewhat similar, and

his investigations on wounds of the knee-joint have scarcely been improved on by more recent observers.—*Pac. Med. Jour.*

THORACENTESIS.—The discussion at the French Academy, to which we have several times referred, still continues, and many interesting facts have been elicited.

M. Jules Guerin, in a very masterly summary on the discussion up to that point, and indeed of the whole subject, claimed to have introduced the subcutaneous method of operating more than thirty years ago. He has operated on this plan in fifty-two cases without any accident traceable to the procedures. The plan is to puncture the skin at some little distance from the rest of the puncture, drawing it aside, so that afterwards the perforation is completely closed by natural tissues.

M. Behier criticised all the operations, and especially the statements of M. Chassaignac.

M. Richet reviewed the debate in its surgical aspects, and contributed valuable remarks to the subject of pleural abscess.

M. Sedillot called to mind, without entirely approving it, the teaching of Hippocrates concerning empyema, and rebuked those who sought to claim all credit for modern science, and refused to see that our present state is but the result of long continuous progress. The present and the future, he said, are alike based on the past. He considered that all were substantially agreed on the necessity of opening the thorax whenever a purulent collection was proved to be present. It was also necessary to empty the pleural sac, and to employ injections in order to rectify the surface when needful.

M. Barth, president, drew attention to the fact that in 1865 the Academy had discussed thoracentesis, but that at present no speaker had alluded to that debate, which, nevertheless, elucidated many important points.

M. Richet mentioned a case of empyema in which thoracentesis was performed, but no fluid appeared. At the *post mortem* three separate collections of pus were found enclosed by adhesions, between which the trocar had passed.

The debate, up to a certain point, has been summed up in *La France Medicale*, in a leader signed by our *confrere*, Dr. Lapeyrere. He remarks that five operations were discussed. 1. Simple puncture; 2. Subcutaneous puncture as practiced by M. Jules Guerin; 3. Drainage; 4. Incision; 5. Aspiration. He considers M. Richet's clinical researches on the relative merits of these operations of great value. From them it appears that false membranes frequently occur in empyema, and their presence may prevent either bistoury or trocar coming upon the pus. Moreover, free false membranes are sometimes present, and interfere with drainage. Then incision and injections are called for.

La France Medicale has also published in full M. Chassaignac's paper, in which the advantages of drainage are strongly insisted on. This operation, we are told, may well replace various other procedures.—*The Doctor.*

NEW PLAN OF EXTRACTING BODIES FROM THE EAR.—Dr. Loewenberg, of Paris, describes a new plan for extracting solid bodies from the ear, as follows: A very small brush is made by rolling and fixing a narrow strip of old linen around a thin wooden handle (a match, for instance), and unraveling its free border to the length of a quarter of an inch. The end of the so-obtained fringe is dipped into a warm and very concentrated solution of glue, applied to the visible part of the foreign body; or, rather, the operator leans it against the body by letting it glide very softly, and without exercising any pressure, over it. Previous to the application the patient seats himself comfortably in an arm-chair or on a sofa, and inclines the head toward the healthy ear. He remains in this posture for three-quarters of an hour to an hour after the introduction of the agglutinated brush. This time past, consolidation is generally accomplished, and the foreign body can be extracted by gentle pulling at the brush.—*Med. Times and Gaz.*

CEREBRO-SPINAL MENINGITIS.—By Dr. E. Tefft, M.D., Topeka, Kansas.—In the August number of the *Herald*, hypodermic injections of morphia are recommended in cerebro-spinal meningitis, with ice to the back of the neck. The injections I have never used, and consequently have no personal experience in their operation. I have treated my last cases as I do acute rheumatism (and I believe this is the true nature of the disease).

I gave large doses of quinine and Dover's powder in the commencement, alternated with iodo-bromide of calcium (Tilden's) accompanied by warm fomentations to the base of the brain and upper portion of spine. Thus far this treatment has been attended with complete success.

I have just treated one of the most unpromising cases I ever saw with the best of results. The child had partial spasms every few minutes; pupils dilated and contracted alternately to the full extent; head thrown back, gasping for breath, screaming out with agony; urine scanty; extremely tender over base of brain and upper portion of spine;

cold feet and hands, and pulse frequent, small and wiry.

I had but little hope of success, but treated it as above indicated, and it improved from day to day until it got perfectly well.

I do not know that the iodo-bromide of calcium is any better than other articles of the same class, but as it is the one I have been using in rheumatic affections more than any other, I used it in this case, and like its effects. I saw a report by a doctor in Illinois, who states that he has cured nearly every case by a similar treatment, and from my own experience I do not hesitate to recommend it to others.—*Leav. Med. Herald.*

Officers and Committees of the Illinois State Medical Society, for 1872.—President, D. W. Young, Aurora, Kane Co.; Vice-President, T. D. Washburn, Hillsborough, Montgomery Co.; 2d Vice-President, F. C. Hotz, Chicago; Treasurer, J. H. Hollister, Chicago; Permanent Secretary, T. D. Fitch, Chicago; Asssistant Secretary, R. D. Bradley, Bloomington; place of meeting, Bloomington.

Committee of Arrangements.—T. F. Worrell, M. D., Bloomington; D. L. Crist, M. D. Bloomington; J. L. White, M. D., Bloomington; W. A. Elder, M. D., Bloomington.

Investigating Committee—O. Everett, M.D. Dixon; S. P. Breed, M. D., Princeton; E. P. Cook, Mendota.

Standing Committees.—On Practical Medicine—S. K. Crawford, M. D., Monmouth; D. L. Jewett, M. D., Watseka; H. M. Lyman, M. D., Chicago. Surgery—J. L. White, M. D., Bloomington; J. B. Hamilton, M. D., Kane; H. W. Kendall, M. D., Quincy. On Ophthalmology—E. L. Holmes, M. D., Chicago; J. P. Johnson, M. D., Peoria; F. C. Hotz, M. D., Chicago. The Committee on Nominations respectfully suggest that the subjects of Ophthalmology and Otology be changed from that of Special Committees to Standing Committees. On Otology—S. J. Jones, M. D., Chicago; Chas. Hunt, M. D., Dixon; Thos. Galt, M. D., Rock Island. On Obstetrics—T. D. Fitch, M. D., Chicago; A. Niles, M. D., Quincy; D. S. Jenks, M. D., Plano. Drugs and Medicines—J. H. Hollister, M. D., Chicago; E. P. Cook, M. D., Mendota; J. P. Hamilton, M. D., Peoria. Necrology—G. W. Albin, M. D., Neoga; J. O. Hamilton, M. D., Jerseyville; J. K. Secord, M. D., Elmwood.

Special Committees.—Galt. Therap.—D. Prince, M. D., Jacksonville; Hernia—J. H. Reeder, M. D., Lacon; Hygiene—T. F. Worrell, M. D., Bloomington; On the Assistance Necessary and Justifiable in Difficult and Protracted Labors—S. B. Hawley, M. D., Aurora; Stricture of the Urethra—John Murphy, M. D., Peoria; Phthisis Pulmonalis—H. A. Johnson, M. D., Chicago; Phys. Nerv. Syst.—C. W. Earle, M. D., Chicago; Cerebro-Spinal Meningitis—G. W. Jones, M. D., Danville; Locomotor Ataxia—N. S. Davis, M. D., Chicago; Orthopedic Surgery—J. S. Sherman, M. D., Chicago; to prepare and deliver a public address at the next meeting of the Society—Geo. T. Allen, M. D., Springfield.

Magnetic Wells.—Among the humbugs of the day are magnetic wells. They are found in various parts of the country and are increasing rapidly in number. The magnetic quality of the water is ascertained by connecting a quantity of it in a vessel with the earth by means of a soft iron wire. The wire immediately gives signs of the presence of magnetism when tested by the magnetoscope. Such wells are proved to be highly medicinal and a number of wonderful cures are already reported. Unfortunately, however, some one tried the magnetic experiment with other water, and found that the water of wells and springs in general displayed the same phenomenon. He went farther, and tried the empty cup, without any water, and still the magnetoscope told the same story. It is scarcely necessary to add that the effect is due to terrestrial magnetism, and that nearly all iron is more or less magnetic.—*Pac. Med. Jour.*

Alarming Effects of Chloral in Small Doses.—A correspondent of the *Lancet* furnishes the following cases:

A middle-aged, tall man, recently an attendant at a lunatic asylum, had a boil on the buttock. On the 17th of April I lanced it, and at bedtime the man took part (containing nine grains) of a chloral draught. Shortly he became "stone-cold," his teeth were "fixed," and he stared wildly about. A cold perspiration flowed from him, wetting his pillow and sheets. Clothes in abundance were put on the bed, a fire was lit, and he took warm brandy-and-water. He then began to "feel circulation." The next morning, when I saw him, he looked pale and anxious.

An agricultural laborer's wife, aged sixty-eight, with black hair, and a goitre affecting the middle of the neck, suffered from tumultuous and irregular action of heart, and from pyrosis. She could get little or no rest at night. On the 17th of May she took seven grains and a half of chloral at 9.30 P. M. At 10 she was asleep and slept for two hours. Then she awoke with a scream, jumped out

of bed, and sat on the edge of it semi-conscious. She recovered in five minutes, and was got back to bed, where she lay quietly for an hour, and then fell asleep again. In two hours more she awoke with much epigastric pain.

The chloral used in both cases was of Lieberich's manufacture.—*N. Y. Med. Jour.*

Erysipelas.—Professor Broca has lately recommended a fresh plan of treatment, which, according to *L'Abielle Medicale*, he has often successfully employed at the commencement of the disease. This plan is to apply a layer of collodion upon the skin above the part attacked. The layer of collodion, which is to be on sound skin, should be from six to eight centimeters wide, and forming a complete circle, separating the healthy skin from that attacked. A slight circular compression is thus produced, and it is rare for the disease to cross this barrier, behind which it speedily fades. The part should be examined once or twice a day, in order at once to repair any fissures, and the collodion should be quite pure, without any oil, which is sometimes added to it.—*The Doctor.*

Treatment of Hæmoptysis by Iron.—The atomized *liquor ferri subsulphatis* is recommended by the editor of *New Remedies* as the most rational and successful method of treating hæmoptysis. It should be first used of the strength of thirty drops to the ounce, and the strength be increased if needed. Generally the iron salt is very well borne, and does not excite coughing. A saturated solution of alum is less efficient than the iron, says the writer quoted, but may be used when the latter excites irritation.

Skin Grafts.—M. Olliver, of Lyons, thinks that the connective tissus and not the epidermis is the active agent in the grafts, and objects to sowing a number of small epidermir grafts. He cuts them from six to eight centimeters in length, and they succeed very well, but it is inconvenient to procure such large grafts. The skin is first frozen before cutting it away. This is a veritable autoplasty, and the healed surface has a more persistent vitality than ordinary cicatrices.—*Ibid.*

Recovery from Psoas Abscess after Iodide of Potassium.—In the *Medical Achives* for Jan. 1872, Dr. C. Du Hadway reports a case of chronic psoas abscess in which the ingestion of two drachms of iodide of potassium was followed by immediate recovery of the appetite and healing of the abscess in ten days.—*Ibid.*

Book Reviews.

A Manual of Qualitative Analysis. By Robert Galloway, F.R.C.S. From the fifth rewritten and enlarged London edition. H. C. Lea, Philadelphia. Chicago: W. B. Keen & Cooke.

This is a small volume of 390 pages, and contains numerous illustrations. It is a work already extensively and favorably known through its former editions.

Hysterology. A Treatise, Descriptive and Clinical, on the Diseases and Displacements of the Uterus. By Edwin Nesbit Chapman, M.A., M.D. New York: Wm. Wood & Co., Publishers. Chicago, for sale by Jansen, McClurg & Co.

A volume of 500 pages, published in good style and binding. The subject is treated under the following headings: "Symptoms and Examination"—"Anatomy and Physiology"—"Pathology and Œtiology"—"Nulliparæ and Multiparæ"—"Active Conjestion of Uterus"—"Passive Congestion of Uterus"—"Treatment."

A Manual of Chemical Physiology, including its points of contact with Pathology. By J. L. W. Thudicham, M.D. Published by Wm. Wood & Co., New York. For sale by Jansen, McClurg & Co., Chicago.

This little work forms a complete and concise epitome of the branch of science commonly termed physiological or animal chemistry, including its latest acquisitions. As the author states in the preface, it offers to the student in chemistry, physiology or science, a ready help to the acquisition of elementary knowledge, upon the basis of which he can afterwards place the superstructure of more extended and detailed studies. To the medical profession it will afford an easy bird's-eye view of the chemical features of the field of their thoughts and actions. The second part of the work is an analytical guide for the use of those who desire to make themselves practically acquainted with the phenomena and constituents of animal bodies.

The treatise summarizes much of the method pursued, and many of the results arrived at by the author during many years of patient labor and inquiry.

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